

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Martin M. Zentner et al. :
Serial No.: 10/750,460 : Art Unit: 1746
Filed: December 31, 2003 : Examiner: Chaudhry, Saeed T.
For: APPLIANCE METHODS AND :
APPARATUS :

**Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pages)
Amendment in response to Office Action dated December 19, 2007 (13 pages)

STATUS

2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 120.00	\$ 60.00
<input type="checkbox"/> second month	\$ 460.00	\$ 230.00
<input type="checkbox"/> third month	\$ 1,050.00	\$ 525.00
<input type="checkbox"/> fourth month	\$ 1,640.00	\$ 820.00
<input type="checkbox"/> fifth month	\$ 2,230.00	\$1,115.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

— An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLA IMS REMAINING AFTER AMENDMENT		HIG HEST NO. PREVIOUSLY PAID FOR	P RESENT EXTRA	ADDITION AL. RATE FEE	R	ADDITION AL. RATE FEE
				=	x \$25.00 =		x \$50.00 =
OTAL		INUS		=	\$		\$
NDEP.		INUS		=	x \$105.00 =		x \$210.00 =
					\$		\$
CLAIM	FIRST PRESENTATION OF MULTIPLE DEP.				+ \$185.00 = \$		+ \$370.00 =
					TOTAL ADDITIONAL FEE	R	TOTAL ADDITIONAL FEE
					\$		\$

(a) ☒ No additional fee for Claims is required

OR

(b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$ _____

☐ Charge Deposit Account No. 01-2384 the sum of \$ _____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other:

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